

Appendix 2:

PSCW Standard Distributed Generation Application Form
(Generation 20kW or less)

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PSC-6027 R(03-04-04)

Distributed By	Supplied By
Name & Address <div></div>	Name & Address Public Service Commission of Wisconsin P. O. Box 7854 Madison, WI 53707-7854

1. Contact Information -- The applicant is the party that is legally responsible for the generating system

Applicant's Last	First	Middle
<div></div>	<div></div>	<div></div>

Applicant's Mailing Address

Applicant's Phone Number	E-mail Address
() -	<div></div>

Emergency Contact Numbers

Responsible Party's Day Phone	Responsible Party's Evening Phone	Responsible Party's Weekend Phone
() -	() -	() -

2. Location of the Generation System

Street Address

Latitude - Longitude: (i.e. 49° 32' 06" N -- 91° 64' 18" W) -- optional

County

3. Electric Service Account Number

4. Applicant's Ownership Interest in the Generation System

☐ Owner ☐ Co-owner ☐ Lease ☐ Other: _____

5. Primary Intent of the Generation System

☐ Onsite use of power, or net energy billing ☐ Commercial power sales to a third party

6. Electricity Use, Production and Purchases

- (a) Anticipated annual electricity consumption of the facility or site: _____ (kWh)/yr.
 (b) Anticipated annual electricity production of the generation system: _____ (kWh)/yr.
 (c) Anticipated annual electricity purchases (i.e., (a) minus (b)) _____ (kWh)/yr. *

* Value will be negative if there are net sales to the Public Utility.

7. Installing Contractor Information

Contractor's Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Firm		
<input type="text"/>		
Contractor's Phone Number	E-mail Address	
(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="text"/>	
Mailing Address		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

8. Requested In-Service Date

9. Provide One-Line Schematic Diagram of the System:

☐ Schematic is Attached

Number of pages

10. Generator/Inverter Information

Manufacturer	Model No.
<input type="text"/>	<input type="text"/>
Version No.	Serial No.
<input type="text"/>	<input type="text"/>

Generation Type (check one) Generation Type (check one)

☐ Single Phase ☐ Three Phase ☐ Synchronous ☐ Induction ☐ Inverter ☐ Other: _____

Name Plate AC Ratings (check one)

☐ _____ kW ☐ _____ kVA _____ volts

Primary Energy Source

Note: If there is more than one generator and/or inverter, attach an additional sheet describing each.

11. Site Plan Showing Location of the External Disconnect Switch (attach additional sheets as needed)

12. Liability Insurance

Carrier	Limits:
<input type="text"/>	<input type="text"/>
Agent Name	Phone Number
<input type="text"/>	<input type="text"/>

The Applicant, (Site Owner or Operator, if different) shall provide a Certificate of Insurance, both demonstrating that this liability insurance is in place.

13. Design Requirements

- (a) Has the proposed distributed generation paralleling equipment been certified? ☐ Y ☐ N
- (b) If not certified, does the proposed distributed generator meet the operating limits defined Wis. Admin. Code chapter PSC 119? ☐ Y ☐ N

For items 13(a) and 13(b), if your answer is yes, please furnish details (e.g., copies of manufacturer's specifications). If you do not know the answer, it is recommended you contact the equipment manufacturer for the answer and provide the same with the completed application.

14. Other Comments, Specification and Exceptions (attach additional sheets if needed)

15. Applicant and Installer Signature

To the best of my knowledge, all the information provided in this Application Form is complete and correct.

Applicant Signature	Date
<input type="text"/>	<input type="text"/>
Installer Signature	Date
<input type="text"/>	<input type="text"/>